

ONE STOP PERMITTING

CITY OF BIRMINGHAM

DEPARTMENT OF PLANNING, ENGINEERING & PERMITS

710 20<sup>th</sup> Street, North

ROOM 207, CITY HALL

BIRMINGHAM, ALABAMA 35203

Randall L. Woodfin  
Mayor

Edwin Revell  
Director

CONDEMNATION WRITE UP SHEET

Date\_\_\_\_\_

Case No. \_\_\_\_\_

Master No. \_\_\_\_\_

Project No. \_\_\_\_\_

Site Address: \_\_\_\_\_

Location: (floor, wing, suite, etc.) \_\_\_\_\_

Project Name: \_\_\_\_\_

Is Structure Repairable? ☐ Yes ☐ No

Repair Cost \$ \_\_\_\_\_

Is Address on House? ☐ Yes ☐ No

Building Use: ☐ Residential ☐ Non Residential ☐ Other \_\_\_\_\_

Construction Material: ☐ Concrete ☐ Steel ☐ Wood ☐ Wood/Masonry ☐ Other \_\_\_\_\_

Number of Stories \_\_\_\_\_

Number of Families \_\_\_\_\_

Number of Kitchens \_\_\_\_\_

Number of Rooms \_\_\_\_\_

Number of Occupants \_\_\_\_\_

Number of Baths \_\_\_\_\_

Demolition Code:

☐ 645 – Residential 1 unit

☐ 646 – Residential 2 units

☐ 647 – Residential 3-4 units

☐ 648 – Residential 5+ units

☐ 649 – Non Residential

Complaint Source:

☐ Citizen ☐ Mayor

☐ Council ☐ MOCA

☐ Fire ☐ Observation

☐ Housing ☐ Police

☐ Other \_\_\_\_\_

Building Age: \_\_\_\_\_ years

Asbestos: ☐ Abated ☐ Not Found ☐ Present

Building Size: L\_\_\_\_\_ W\_\_\_\_\_ H\_\_\_\_\_ S.F. \_\_\_\_\_

Electrical: ☐ Yes ☐ No

Water: ☐ Yes ☐ No

Gas: ☐ Yes ☐ No

Garage: L\_\_\_\_\_ W\_\_\_\_\_ H\_\_\_\_\_ S.F. \_\_\_\_\_

☐ Concrete Slab ☐ Driveway

The following comments and conditions were noted regarding the property listed above. These conditions are considered below minimum standards for safe, livable and sanitary habitation as specified in the Housing Code:

ELECTRICAL

WIRING TYPE

☐ AC Cable (Armored Cable) ☐ Conduit ☐ Knob and Tube

☐ MC Cable (Metal Clad) ☐ NM Cable (Romex) ☐ Other \_\_\_\_\_

WIRING CONDITION

☐ Damaged ☐ Deteriorating ☐ Good ☐ Removed

WIRING GENERAL

☐ Needs Replacing ☐ Needs Replacing/Upgrading ☐ Needs Upgrading ☐ None ☐ Seemingly O.K.

PANEL AMPS

☐ 60 ☐ 125 ☐ 150 ☐ 200 ☐ 250 ☐ 300 ☐ 300 and above

POWER METER IN PLACE?

☐ Yes ☐ No

PLUMBING

TOILET LOCATIONS \_\_\_\_\_

WATER HEATER TYPE: ☐ Electric ☐ Gas

BUILDING DRAIN: ☐ Septic ☐ Sewer ☐ None

PLUMBING CONDITION:

☐ Damaged ☐ Needs Inspection ☐ Needs Repairing ☐ None ☐ Parts Missing

☐ Removed ☐ Seemingly OK ☐ Vandalized ☐ Other \_\_\_\_\_

HEATING SYSTEM: ☐ Central Heat ☐ Floor Furnace ☐ None ☐ Removed ☐ Space Heater ☐ Wall Unit ☐ Window Unit

HEATING SYSTEM ☐ Damaged ☐ Needs Inspection ☐ Needs Repairing ☐ None ☐ Parts Missing ☐ Removed

CONDITION: ☐ Seemingly OK ☐ Vandalized ☐ Other \_\_\_\_\_

GAS METER IN PLACE?

☐ Yes ☐ No

BATHTUBS \_\_\_\_\_

SHOWER STALLS \_\_\_\_\_

URINALS \_\_\_\_\_

SINKS \_\_\_\_\_

LAVATORIES \_\_\_\_\_

WATER CLOSETS \_\_\_\_\_

WASHER CONNECTIONS \_\_\_\_\_

ACCESSORY BUILDINGS

	QTY	MATERIAL (circle all applicable choices)**	CONDITION (circle all applicable choices)**
CARPORT		CONCRETE STEEL WOOD WOOD/MASONRY	DAM. NEEDS REPAIR NONE PARTS MISS. REMOVED SEEMINGLY OK
FENCE		CONCRETE STEEL WOOD WOOD/MASONRY	DAM. NEEDS REPAIR NONE PARTS MISS. REMOVED SEEMINGLY OK
GARAGE		CONCRETE STEEL WOOD WOOD/MASONRY	DAM. NEEDS REPAIR NONE PARTS MISS. REMOVED SEEMINGLY OK
SHED		CONCRETE STEEL WOOD WOOD/MASONRY	DAM. NEEDS REPAIR NONE PARTS MISS. REMOVED SEEMINGLY OK
SHED/STORAGE		CONCRETE STEEL WOOD WOOD/MASONRY	DAM. NEEDS REPAIR NONE PARTS MISS. REMOVED SEEMINGLY OK
OTHER*		CONCRETE STEEL WOOD WOOD/MASONRY	DAM. NEEDS REPAIR NONE PARTS MISS. REMOVED SEEMINGLY OK

\*IF SELECTION IS NOT LISTED, PLEASE NOTE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\*\*IF SELECTION IS NOT LISTED, PLEASE NOTE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

PEP 091201

HAZARDOUS MATS

ASBESTOS <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>				LEAD <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>						
LOCATION (Circle All Applicable Choices)			QTY	UNIT	LOCATION (Circle All Applicable Choices)			QTY	UNIT	
CEILING SPRAY	GYPSOM BOARD	PANEL		Inches	CEILING SPRAY	GYPSUM BOARD	PANEL		Inches	
CEILING TILE	INSULATION	SIDING				CEILING TILE	INSULATION		SIDING	
EXTERIOR PAINT	INTERIOR PAINT	TAPE				EXTERIOR PAINT	INTERIOR PAINT		TAPE	
FLOOR TILE	JOINT COMPOUND	VENT PIPE				FLOOR TILE	JOINT COMPOUND		VENTPIPE	
OTHER _____				Sq. Ft.	OTHER _____				Sq. Ft.	
COMMENTS: _____										
_____										

SELECT FROM THE LIST BELOW WHEN DOCUMENTING THE CONDITION OF THE FOLLOWING ITEMS:

ALUMINUM	BURNED/NFTR	DAM/NFTR	METAL	PIPE RAIL	SEEMINGLY OK
ALUM/GLASS	CLOSED UP	DECAYED	MISSING	PLASTER	STEEL
ASBESTOS SIDING	COLLASPING	DETERIORATED	NEEDS REPLACING	PRESSURE TREATED	SHINGLE-ASPHALT
ASPHALT	CONCRETE	FALLING OFF	NONE	REMOVED	SHINGLE-WOOD
BRICK	CONCRETE BLOCK	FAULTY	OPEN	ROLL ROOFING	WOOD
BUILT-UP	CRACKING	GYPSUM BOARD	OTHER (SEE NOTES)	SAGGING	WROUGHT IRON
BURNED/FTR	DAM/FTR	MASONRY	PANELING	SECURED	

	CONSTRUCTION MATERIAL	CONDITION
FRONT STEPS	_____	_____
REAR STEPS	_____	_____
FRONT STEPS HANDRAIL	_____	_____
REAR STEPS HANDRAIL	_____	_____
FRONT PORCH	_____	_____
REAR PORCH	_____	_____
FRONT PORCH HANDRAIL	_____	_____
REAR PORCH HANDRAIL	_____	_____
FLOORS	_____	_____
PIERS AND FOUNDATIONS	_____	_____
SPOUTS AND GUTTERS	_____	_____
FACIA AND SOFFIT	_____	_____
WINDOWS	_____	_____
SECURE <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
EXT.DOORS	_____	_____
SECURE <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
EXTERIOR WOOD	_____	_____
EXTERIOR MASONRY	_____	_____
OTHER	_____	_____
CHIMNEY FLUES	_____	_____
FIREPLACES	_____	_____
FLOOR JOISTS	_____	_____
ROOF FRAMING	_____	_____
STUDS	_____	_____
ROOF COVERING	_____	_____
PERCENT OF DETERIORATION	_____	_____
INTERIOR WALLS	_____	_____
INTERIOR CEILING	_____	_____
IS STRUCTURE BURNED? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Percent of Burn _____	EMERGENCY ACTION REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No
GENERAL CONDITION	_____	_____
TOTAL PERCENT OF DETERIORATION _____	BASEMENT/CELLAR? <input type="checkbox"/> Yes <input type="checkbox"/> No	NEEDS FILLING? <input type="checkbox"/> Yes <input type="checkbox"/> No
BASEMENT CELLAR	_____	_____

SEC

TWP

RNG

PARCEL I.D. #

LOT SIZE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

DATE \_\_\_\_\_

INSPECTOR'S SIGNATURE \_\_\_\_\_